

Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT APPLICATION
Date: October 22, 2003
File No. 2000.68587

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Chih-Hua HSU et al.

*I hereby certify that this paper is being deposited with the
United States Postal Service as EXPRESS MAIL in an
envelope addressed to: Mail Stop PATENT APPLICATION,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450, on this date:*

For: CORDLESS RATCHET WRENCH

October 22, 2003
Date

Express Mail Label No.: EV032698455US

Enclosed are:

- ☒ 12 pages of specification, including 18 claims and an abstract.
- ☒ an executed oath or declaration, with power of attorney.
- ☐ an unexecuted oath or declaration, with power of attorney.
- ☐ _____ sheet(s) of informal drawing(s).
- ☒ 4 sheet(s) of formal drawings(s).
- ☒ Assignment(s) of the invention to Techway Industrial Co., Ltd. and Assignment Cover Sheet.
- ☒ A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- ☐ Information Disclosure Statement, Form PTO-1449 and cited references.
- ☐ Claim for Priority and Priority Document.



Fee Calculation For Claims As Filed

- | | | | | | | |
|--|-----------|---|-----------|---|------------------|-----------------------|
| a) Basic Fee | | | | | | \$ 770.00 |
| b) Independent Claims | <u>1</u> | - | <u>3</u> | = | <u>0</u> | x \$ 86.00 = \$ _____ |
| c) Total Claims | <u>18</u> | - | <u>20</u> | = | <u>0</u> | x \$ 18.00 = \$ _____ |
| d) Fee for Multiple Dependent Claims | | | | | | \$ 290.00 = \$ _____ |
| | | | | | Total Filing Fee | \$ <u>770.00</u> |
| <input checked="" type="checkbox"/> Applicant(s) qualifies as a Small Entity, reducing Filing Fee by half to | | | | | | \$ <u>385.00</u> |
| <input checked="" type="checkbox"/> A check in the amount of \$ <u>385.00</u> to cover the filing fee is enclosed. | | | | | | |
| <input type="checkbox"/> Charge \$ _____ to Deposit Account No. 07-2069. | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | |
| <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed. | | | | | | |

Respectfully submitted,

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